

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE.

APPLICANT(S)

6/16/77 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1					3		6	
2										2		10	
3										5		6	
4										3		6	
5	1		1		1					3		6	
6										2		6	
7										2		6	
8										2		6	
9										2		6	
10										2		6	
11										3		6	
12										3		6	
13										3		6	
14										3		6	
15										3		6	
16			3							3		6	
17			3							3		6	
18	1		1							2		6	
19	1		1							2		6	
20										2		6	
21	1		1							2		6	
22			2							2		6	
23	2		2							2		6	
24	2		2							2		6	
25	2		2							2		6	
26			2							2		6	
27			2							2		6	
28			2							2		6	
29			2							2		6	
30			2							2		6	
31			2							2		6	
32			2							2		6	
33	1		1		1					2		6	
34										2		6	
35										2		6	
36										2		6	
37										2		6	
38										2		6	
39										2		6	
40										2		6	
41										2		6	
42										2		6	
43										2		6	
44										2		6	
45										2		6	
46										2		6	
47										2		6	
48										2		6	
49										2		6	
50										2		6	
TOTAL IND.			5							6		6	
TOTAL DEP.			129							223		223	
TOTAL CLAIMS			134							229		229	